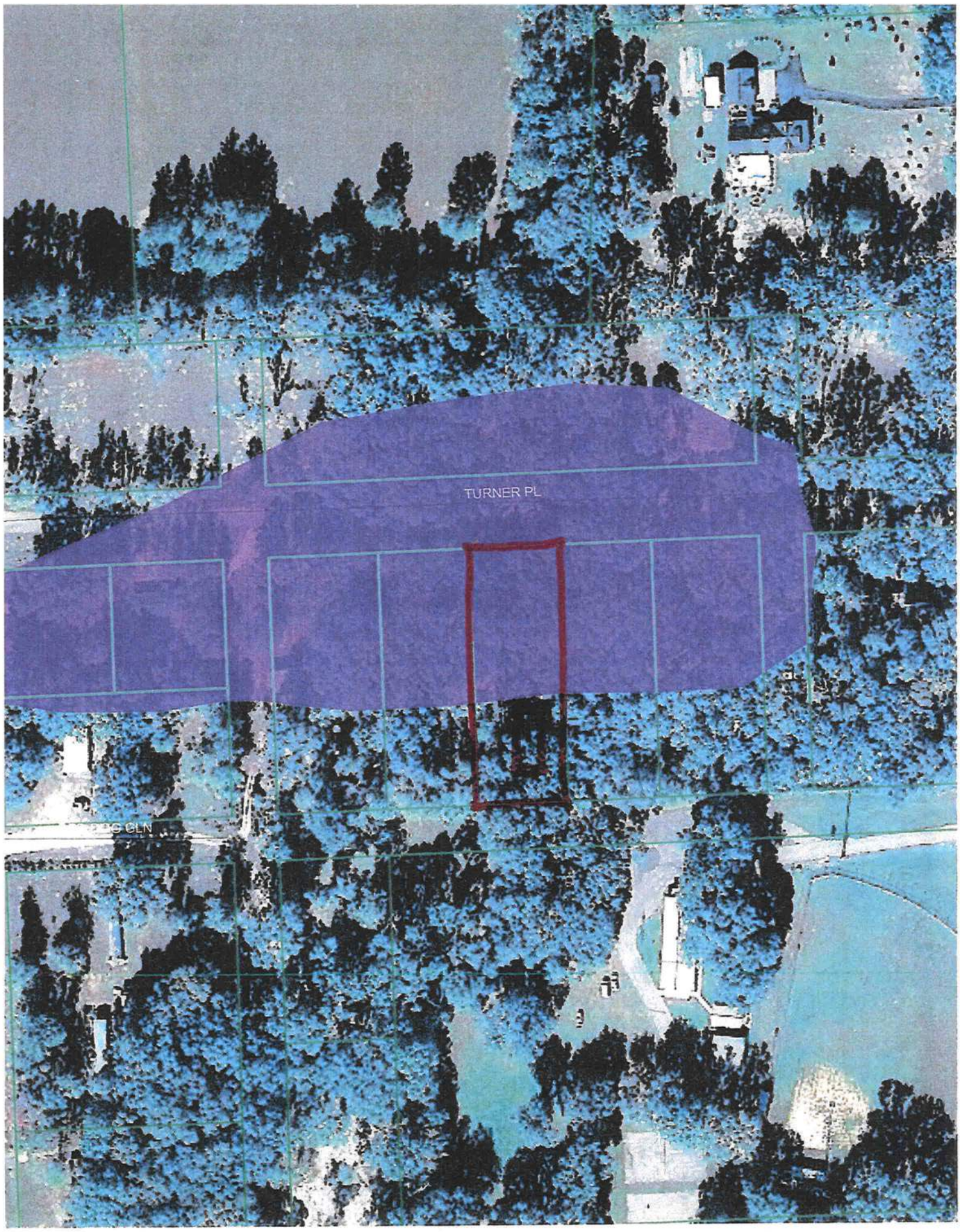
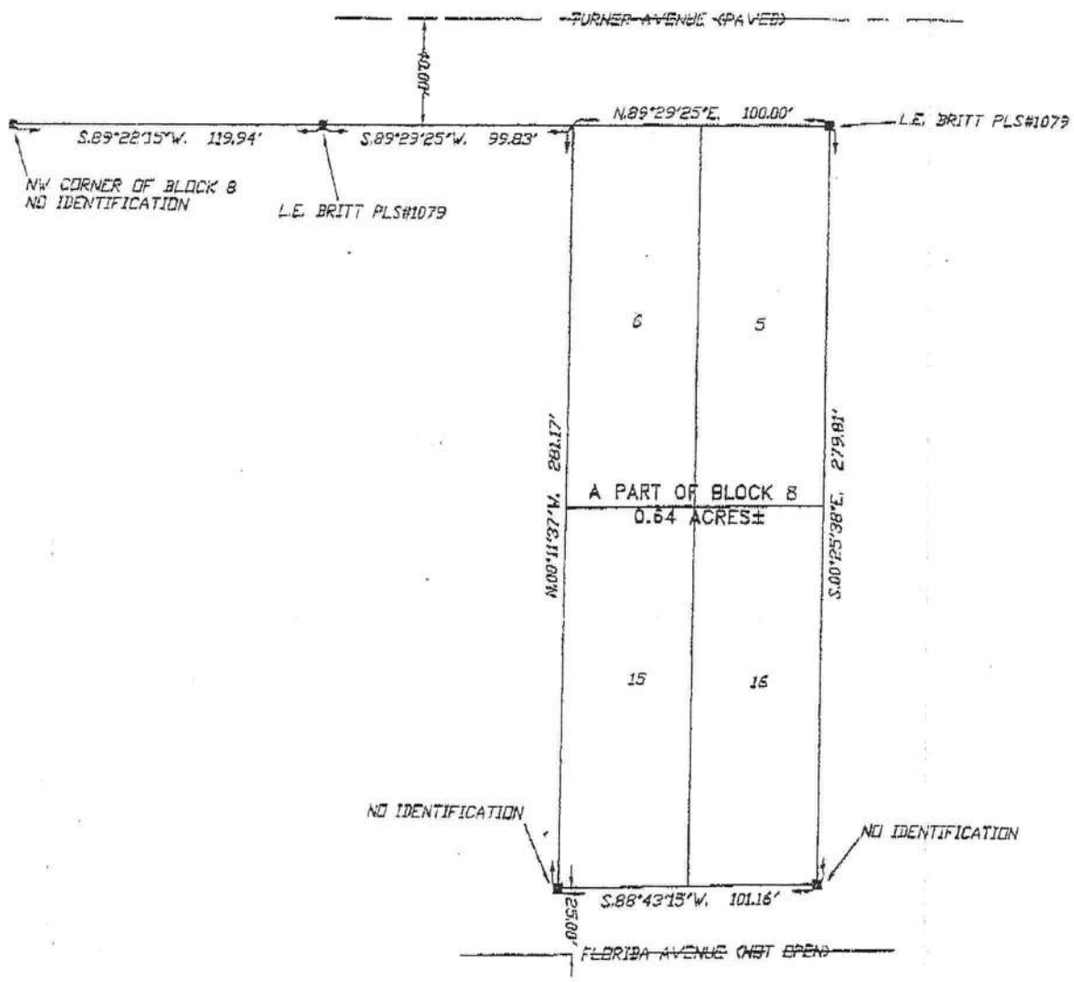

TURNER PL



CERTIFIED TO:
TOM EAGLE

FIELD BOOK: SEE PAGE(S): FILE

SURVEYOR'S CERTIFICATIO

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RE
TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD O
IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT

01/05/04 FIELD SURVEY DATE 01/20/04 DRAWING DATE

NOTE: UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED
MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONA

CERTIFICATE OF

M/H OCCUPANCY

COLUMBIA COUNTY, FLORIDA

Department of Building and Zoning Inspection

This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.

Parcel Number 22-5s-17-09340-000 **Building permit No.** 29576

Permit Holder Terry Thrift

Owner of Building Christina Breault

Location: 220 SW Turner Pl, Lake City, FL 32025

Date: 8/26/2011

Building Inspector

POST IN A CONSPICUOUS PLACE
(Business Places Only)

☑ IN County Pre. MH

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

For Office Use Only (Revised 1-10-08) Zoning Official BLK 25 Jul 2011 Building Official T.C. 7-22-11

AP# 1107-39 Date Received _____ By JW Permit # 29576

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments _____

FEMA Map# N/A Elevation N/A Finished Floor 1' above R River N/A In Floodway N/A (Shared)

☑ Site Plan with Setbacks Shown ☑ EH # 11-319-N ☐ EH Release N/A ☐ Well letter ☑ Existing well

☑ Recorded Deed or Affidavit from land owner ☑ Letter of Auth. from installer ☐ State Road Access ☑ Pre-MH

☐ Parent Parcel # _____ 4th Lot ☐ STUP-MH _____ ☐ F W Comp. letter

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code 911 ☑

School _____ = TOTAL _____ Impact Fees Suspended March 2009 - APPL FEE ☑

Property ID # 22-5S-17-09340-000 Subdivision Mason City S/D Lots 5, 6, 15, & 16 BLK "B"

- New Mobile Home _____ Used Mobile Home ✓ MH Size 16 x 76 Box Year 2000
- Applicant Christina Breault Phone # (904) 866-3332
- Address 16 20E Bascom Rd Apt #14304 , FL = -
- Name of Property Owner Christina Breault Phone# same
- 911 Address 220 SW Turner PL L.C. FL 32025
- Circle the correct power company - (Circle One) - FL Power & Light - Clay Electric - Suwannee Valley Electric - Progress Energy
- Name of Owner of Mobile Home Christina Breault Phone # (904) 866-3332
  Address 220 SW Turner PLC, L.C. FL 32025
- Relationship to Property Owner owner
- Current Number of Dwellings on Property Ø
- Lot Size 1/2 acre Total Acreage 1/2 acre .65 (.64)
- Do you : Have Existing Drive (Currently using) or Private Drive (Blue Road Sign) or need Culvert Permit (Putting in a Culvert) or Culvert Waiver (Circle one) (Not existing but do not need a Culvert)
  # 16124
- Is this Mobile Home Replacing an Existing Mobile Home NO
- Driving Directions to the Property 90E - 441 south To mason city area @ S+S Store, go 1.6 miles TURN (R) ON SW Turner PLC, 1st LOT ON (L) 4th LOT ON L. [illegible] next lot [illegible]
- Name of Licensed Dealer/Installer Terry L. Hunter Phone # (386) 623-0115
- Installers Address 445 NW Dyl Hunter Dr. Lake City Fla 32055
- License Number TH-1022539 Installation Decal # 7146

WK# 904.232.1066

COLUMBIA COUNTY PERMIT WORKSHEET

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to 1500 psf or check here to declare 1000 lb. soil _____ without testing.

x 1500 / 285 x 1500 / 285 x 1500 / 285

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

x 1500 / 285 x 1500 / 285 x 1500 / 285

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing _____. A test showing 275 inch pounds or less will require 5 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

TT Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name Terry L. Thrift

Date Tested 7/13/11

Electrical

Inect electrical conductors between multi-wide units, but not to the main power rce. This includes the bonding wire between mult-wide units. Pg. _____

Plumbing

Inect all sewer drains to an existing sewer tap or septic tank. Pg. J

Inect all potable water supply piping to an existing water meter, water tap, or other ependent water supply systems. Pg. J

Site Preparation

Debris and organic material removed _____

Water drainage: Natural J Swale _____ Pad _____ Other _____

Fastening multi wide units

Floor: Type Fastener: _____ Length: _____ Spacing: _____

Walls: Type Fastener: _____ Length: _____ Spacing: _____

Roof: Type Fastener: _____ Length: _____ Spacing: _____

For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's Initials TT

Type gasket _____

Pg. _____

Installed:

Between Floors Yes _____

Between Walls Yes _____

Bottom of ridgebeam Yes _____

Weatherproofing

The bottomboard will be repaired and/or taped. Yes Pg. _____

Siding on units is installed to manufacturer's specifications. Yes

Fireplace chimney installed so as not to allow intrusion of rain water. Yes

Miscellaneous

Skirting to be installed. Yes _____ No _____

Dryer vent installed outside of skirting. Yes _____ N/A

Range downflow vent installed outside of skirting. Yes _____ N/A

Drain lines supported at 4 foot intervals. Yes

Electrical crossovers protected. Yes

Other :

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature Terry L. Thrift Date 7/13/11

COLUMBIA COUNTY PERMIT WORKSHEET

These worksheets must be completed and signed by the installer.
Submit the originals with the packet.

Installer Terry L. Turner License # IH-10251-39

11 Address where home is being installed. 220 SW Turner Place Lake City, FL 32025

Manufacturer RIVERCHASE Length x width 16 x 76 BOX 16 x 80 + HITCH 3/2

NOTE: If home is a single wide fill out one half of the blocking plan. If home is a triple or quad wide sketch in remainder of home

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's Initials TLT

New Home ☐ Used Home ☑

Home Installed to the Manufacturer's Installation Manual ☐

Home is installed in accordance with Rule 15-C ☑

Single wide ☑ Wind Zone II ☑ Wind Zone III ☐

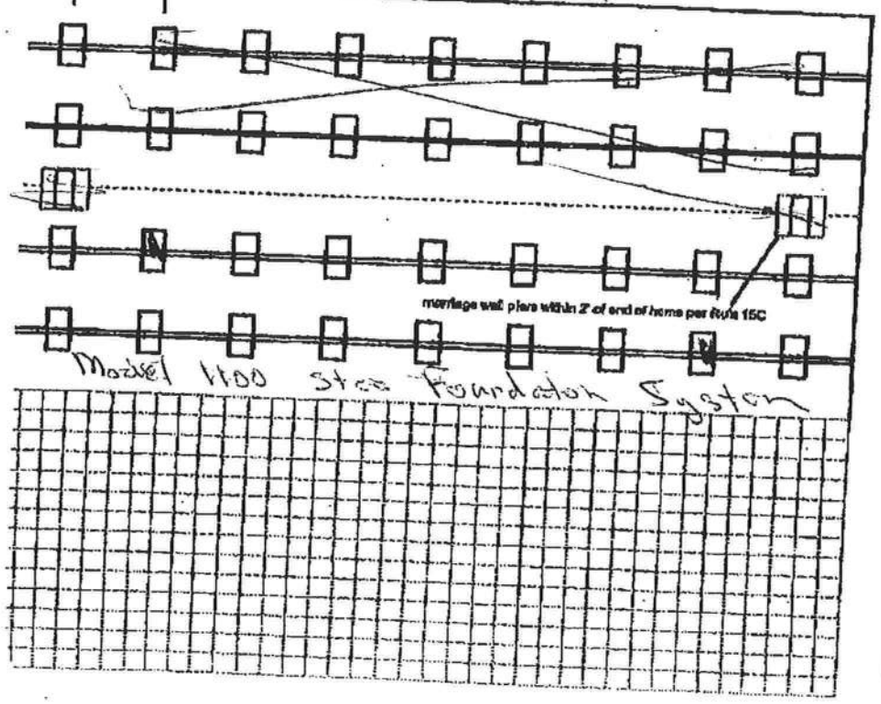
Double wide ☐ Installation Decal # 7146

Triple/Quad ☐ Serial # 003510

Typical pier spacing 2' 6'

Lateral / Longitudinal

Show locations of Longitudinal and Lateral Systems (use dark lines to show these locations)



PIER SPACING TABLE FOR USED HOMES

Load bearing capacity	Footer size (sq in)	16" x 16" (256)	18 1/2" x 18 1/2" (342)	20" x 20" (400)	22" x 22" (484)*	24" X 24" (576)*	26" x 26 (676)
1000 psf		3'	4'	5'	6'	7'	8'
1500 psf		4' 6"	6'	7'	8'	8'	8'
2000 psf		6'	8'	8'	8'	8'	8'
2500 psf		7' 6"	8'	8'	8'	8'	8'
3000 psf		8'	8'	8'	8'	8'	8'
3500 psf		8'	8'	8'	8'	8'	8'

* Interpolated from Rule 15C-1 pier spacing table.

342 Req. 446 Provided

PIER PAD SIZES

I-beam pier pad size 17" x 25 1/2"

Perimeter pier pad size

Other pier pad sizes (required by the mfg.)

☐ Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening	Pier pad size

POPULAR PAD SIZES

Pad Size	Sq In
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
19 1/4 x 28 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

4 ft ____ 5 ft ____

FRAME TIES

within 2' of end of home spaced at 5' 4" oc ____

OTHER TIES

	Number
Sidewall	24
Longitudinal	
Marriage wall	
Shearwall	

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
Manufacturer

Longitudinal Stabilizing Device w/ Lateral Arms
Manufacturer Other Tech

AFFIDAVIT

I certify that the following described mobile home being placed on the referenced parcel is not a Wind Zone 1 mobile home.

Customer's Name: Christina Breault

Property ID: Sec: 22 Twp: 5S Rge: 17 Tax Parcel No: 09340-0000

Lot: 5,6,15,16 Block: 8 Subdivision: mason City Brent Heights

Mobile Home Year/Make: 2000 Riverchase Size: 16 x 76 BOX

Terry L. Thft
Signature of Mobile Home Installer

Sworn to and subscribed before me this 13 day of July, 20 11

by Terry L. Thft.

J. Howell
Notary's name printed/typed

J. Howell
Notary Public, State of Florida
Commission No.
Personally Known: ✓
Produced ID (type)

NOTARY PUBLIC STATE OF FLORIDA
J. HOWELL
MY COMMISSION # DD 750213
EXPIRES: January 17, 2012
Bonded Thru Budget Notary Services

LETTER OF AUTHORIZATION

Date: 7/11/11

I TERRY THRIFT, License number IH-1025139 do hereby authorize Christina Breault to pull permits on my behalf.

Sincerely,

Terry L. Thrift

Sworn to and subscribed before me this 13 day of July, 20 11.

Notary Public: J. Howell
My commission expires:
Personally Known ✓
Produced Valid Identification:

NOTARY PUBLIC STATE OF FLORIDA
J. HOWELL
MY COMMISSION # DD 750213
EXPIRES: January 17, 2012
Bonded Thru Budget Notary Services

COLUMBIA COUNTY BUILDING DEPARTMENT
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055
Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, Terry L. Thrift (Installer License Holder Name), give this authority for the job address show below only, 220 SW Turner Plc, Lake City, FL 32025 (Job Address), and I do certify that the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for Inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
CHRISTINA BREAULT	Christina Breault	___ Agent ___ Officer ✓ Property Owner
		___ Agent ___ Officer ___ Property Owner
		___ Agent ___ Officer ___ Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

Terry L. Thrift
License Holders Signature (Notarized)

TH-1025139 7/13/11
License Number Date

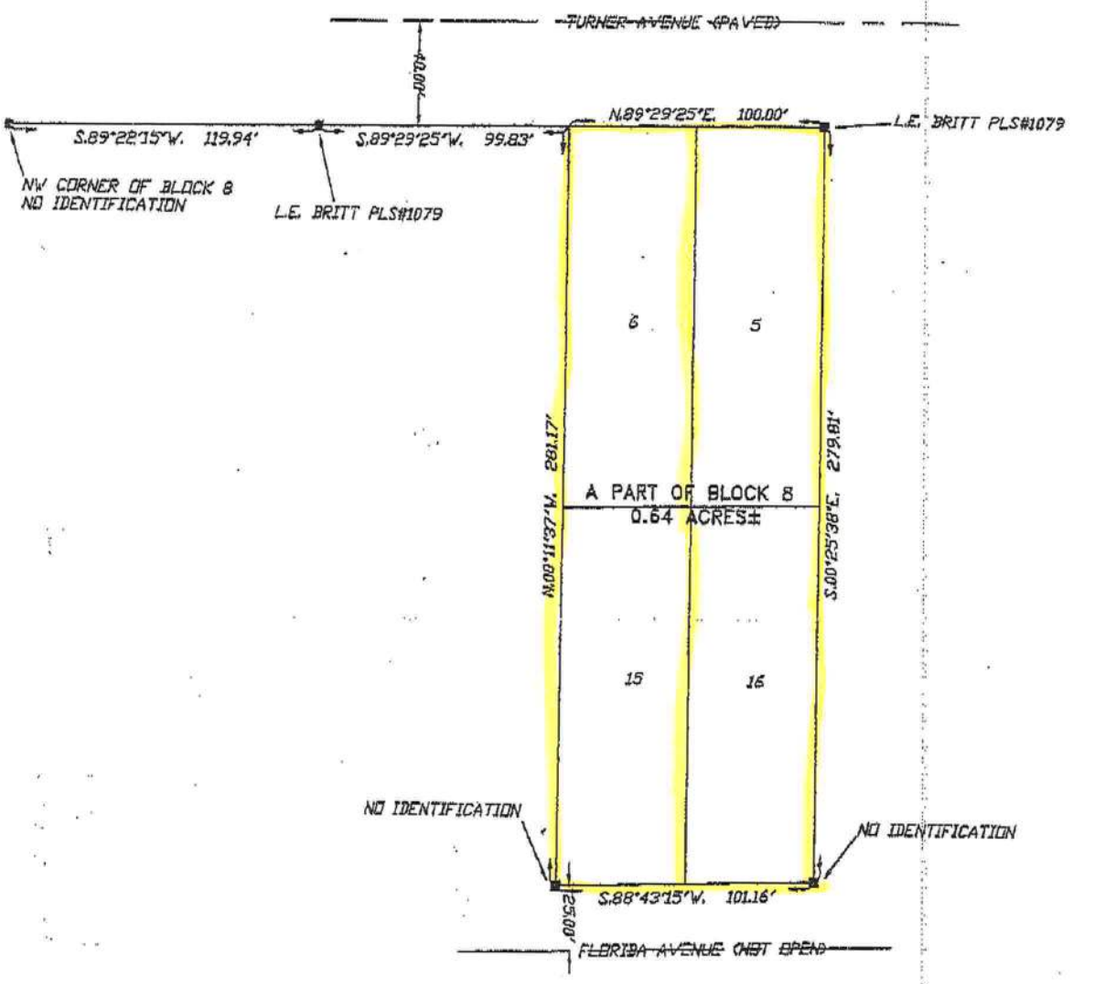
NOTARY INFORMATION:
STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is Terry L. Thrift personally appeared before me and is known by me or has produced identification (type of I.D.) Personal Known on this 13 day of July, 20 11

J. Howell
NOTARY'S SIGNATURE

(Seal/Stamp)

NOTARY PUBLIC STATE OF FLORIDA
J. HOWELL
MY COMMISSION # DD 750213
EXPIRES: January 17, 2012
Bonded Thru Budget Notary Services



CERTIFIED TO:
TOM EAGLE

FIELD BOOK: SEE PAGE(S): FILE

SURVEYOR'S CERTIFICATIO

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RE
TECHNICAL STANDARDS AS SET FORTH BY THE FLORIDA BOARD O
IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT

01/05/04 FIELD SURVEY DATE
01/20/04 DRAWING DATE

NOTED UNLESS IT BEARS THE SIGNATURE AND THE ORIGINAL RAISED
MAPPER THIS DRAWING, SKETCH, PLAT OR MAP IS FOR INFORMATIONA

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER 1107- CONTRACTOR Terry L. Thrift PHONE (386) 623-0115

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name Christina Breault	Signature
	License #: homeowner	Phone #: (904) 879-3332
MECHANICAL/ A/C 701	Print Name Robert Grant	Signature
	License #: CAC1814931	Phone #: 800 859 3709
PLUMBING/ GAS	Print Name Terry L. Thrift	Signature
	License #: EC - 0 13139	Phone #: (386) 623-0115
ROOFING	Print Nai...	Signature
	Licen...	Phone #:
SHEET METAL	Print Name	Signature
	License #:	Phone #:
FIRE SYSTEM/ SPRINKLER	Print Name	Signature
	License#:	Phone #:
SOLAR	Print Name	Signature
	License #:	Phone #:

MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Contractor Permit Subcontractor Form, 6/10

FAQ:

Columbia County Property Appraiser

DISCLAIMER
This information was derived from data which was compiled by the Columbia County Property Appraiser Office solely for the governmental purposes of assessment. No warranties, expressed or implied, are provided for the accuracy of the data herein, it's use, or it's interpretation. Although it is periodically updated, this information may not reflect the data currently on file in the Property Appraiser's office. The assessed values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

DB Last Updated: 5/3/2011

2010 Tax Year

Tax Collector | Tax Estimator | Property Card | Parcel List Generator | Interactive GIS Map | Print

Parcel: 22-5S-17-09340-000

<< Next Lower Parcel | Next Higher Parcel >>

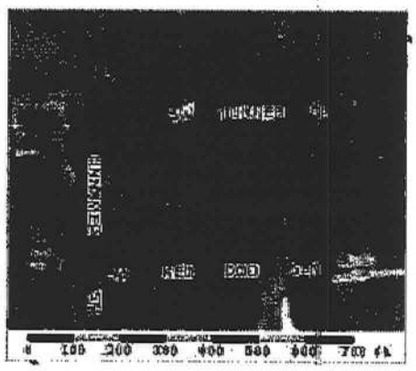
<< Prev Search Result: 3 of 8 Next >>

OLD OWNER

Owner & Property Info

Owner's Name	JOHNSON BUDDY		
Mailing Address	P O BOX 1419 LAKE CITY, FL 32056		
Site Address	MASON CITY S/D		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	22517
Land Area	0.650 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

LOTS 5, 6, 15 & 16 BLOCK 8 MASON CITY. ORB 890-380, 894-211, 1008-1567, WD 1163-2372.



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	$13,884.00
Ag Land Value	cnt: (2)	$0.00
Building Value	cnt: (0)	$0.00
XFOB Value	cnt: (0)	$0.00
Total Appraised Value		$13,884.00
Just Value		$13,884.00
Class Value		$0.00
Assessed Value		$13,884.00
Exempt Value		$0.00
Total Taxable Value		Cnty: $13,884 Other: $13,884 | Schl: $13,884

2011 Working Values

NOTE:
2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

Show Working Values

Sales History

Show Similar Sales within 1/3 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
4/10/2008	1163/2372	WD	I	Q		$43,000.00
2/24/2004	1008/1567	WD	I	U	02	$34,000.00
6/5/2002	955/2589	CT	I	U	03	$50,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
NONE						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
NONE						

Land Breakdown

Lnd Code	Desc	Units	Adjustments	Eff Rate	Lnd Value
000000	VAC RES (MKT)	0.65 AC	1.00/1.00/1.35/1.00	$16,453.85	$10,695.00
009945	WELL/SEPT (MKT)	1 UT - (0000000.000AC)	1.00/1.00/1.00/1.00	$2,000.00	$2,000.00

Columbia County Property Appraiser DB Last Updated: 5/3/2011

<< Prev 3 of 8 Next >>

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787
PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 5/23/2011 **DATE ISSUED:** 5/25/2011

ENHANCED 9-1-1 ADDRESS:

220 SW TURNER PL

LAKE CITY FL 32025

PROPERTY APPRAISER PARCEL NUMBER:

22-5S-17-09340-000

Remarks:

ADDRESS FOR PROPOSED STRUCTURE ON PARCEL.

Address Issued By: SIGNED: / RONAL N. CROFT

Columbia County 9-1-1 Addressing / GIS Department

NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION INFORMATION RECEIVED FROM THE REQUESTER. SHOULD, AT A LATER DATE, THE LOCATION INFORMATION BE FOUND TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.

1996

Columbia County Property Appraiser

DB Last Updated: 6/22/2011

2010 Tax Year

Parcel: 22-5S-17-09340-000

Tax Collector | Tax Estimator | Property Card | Parcel List Generator

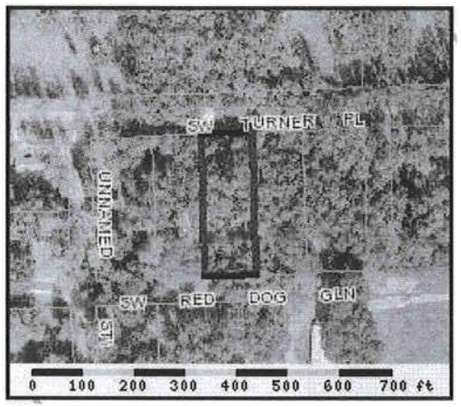
<< Next Lower Parcel | Next Higher Parcel >> | Interactive GIS Map | Print

Search Result: 1 of 1

Owner & Property Info

Owner's Name	BREAULT CHRISTINA CHALREO		
Mailing Address	1620 BARTRAM RD APT 4304 JACKSONVILLE, FL 32207		
Site Address	MASON CITY S/D		
Use Desc. (code)	VACANT (000000)		
Tax District	3 (County)	**Neighborhood**	22517
Land Area	0.650 ACRES	**Market Area**	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.		

LOTS 5, 6, 15 & 16 BLOCK 8 MASON CITY. ORB 890-380, 894-211, 1008-1567, WD 1163- 2372.



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Show Working Values

Sales History

Show Similar Sales within 1/2 mile

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
5/14/2011	1215/1366	WD	V	Q	01	$12,000.00
4/10/2008	1163/2372	WD	I	Q		$43,000.00
2/24/2004	1008/1567	WD	I	U	02	$34,000.00
6/5/2002	955/2589	CT	I	U	03	$50,000.00

Sent:

CODE ENFORC EMENT
PRELIMINARY MOBILE HOME ISPECTION REPORT 1107-39

DATE RECEIVED 7/18 BY: TW IS THE M/H ON THE PROP :RTY WHERE THE PERMIT WILL BE ISSUED? NO

OWNERS NAME CHRISTINA BREAULT PHONE — CELL 301.866.3332

ADDRESS

MOBILE HOME PARK SUBD VISION

DRIVING DIRECTIONS TO MOBILE HOME C/ G #2 DESLATTE J. JONES LN
W EE HENRY HARPER . PINEMOUNT RD

MOBILE HOME INSTALLER Terry Stolt PHONE CELL 623-

MOBILE HOME INFORMATION

MAKE RIVER OAKS YEAR 2000 SIZE 16 x 76 COLOR GREENISH

SERIAL No. AL198AR003511 #1107-39

WIND ZONE II Must be wind zone II or higher NC WIND ZONE I ALLOWED

INSPECTION STANDARDS
INTERIOR:
(P or F) - P= PASS F= FAILED

$50.00

Date of Payment: 7.18.11

Paid By: Christina Breault

Notes: #1107-39

✓ SMOKE DETECTOR ( ) OPERATIONAL ( ) MISSING

✓ FLOORS ( ) SOLID ( ) WEAK ( ) HOLES DAMAGED LC CATION

✓ DOORS ( ) OPERABLE ( ) DAMAGED

✓ WALLS ( ) SOLID ( ) STRUCTURALLY UNSOUND

✓ WINDOWS ( ) OPERABLE ( ) INOPERABLE

✓ PLUMBING FIXTURES ( ) OPERABLE ( ) INOPERABLE ( ) MISSING

✓ CEILING ( ) SOLID ( ) HOLES ( ) LEAKS APPARENT

✓ ELECTRICAL (FIXTURES/OUTLETS) ( ) OPERABLE ( ) EXP SED WIRING ( ) OUTLET COVERS MISSING ( ) LIGHT FIXTURES MISSING

EXTERIOR:

✓ WALLS / SIDDING ( ) LOOSE SIDING ( ) STRUCTURALLY UN SOUND ( ) NOT WEATHERTIGHT ( ) NEEDS CLEANING

✓ WINDOWS ( ) CRACKED/ BROKEN GLASS ( ) SCREENS M SSING ( ) WEATHERTIGHT

✓ ROOF ( ) APPEARS SOLID ( ) DAMAGED

STATUS

APPROVED ✓ WITH CONDITIONS:

NOT APPROVED ___ NEED RE-INSPECTION FOR FOLLOWING COND TIONS

SIGNATURE [signature] ID NUMBER 402 DATE 7-19-11

1107-39

DATE 07/25/2011

Columbia County Building Permit

This Permit Must Be Prominently Posted on Premises During Construction

PERMIT
000029576

APPLICANT CHRISTINA BREAULT PHONE 904-866-3332

ADDRESS 220 SW TURNER PL LAKE CITY FL 32025

OWNER CHRISTINA BREAULT PHONE 904-866-3332

ADDRESS 220 SW TURNER PL LAKE CITY FL 32025

CONTRACTOR TERRY THRIFT PHONE 623-0115

LOCATION OF PROPERTY 441 SOUTH, R SW TURNER PLACE, 4TH LOT ON LEFT

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00

HEATED FLOOR AREA _____ TOTAL AREA _____ HEIGHT ____ STORIES ____

FOUNDATION _____ WALLS _____ ROOF PITCH _____ FLOOR _____

LAND USE & ZONING AG-3 MAX. HEIGHT 35

Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00

NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO. _____

PARCEL ID 22-5S-17-09340-000 SUBDIVISION MASON CITY S/D (LOTS 5,6,15,16

LOT 16 BLOCK B PHASE ____ UNIT ____ TOTAL ACRES 0.65

		IH1025139	X Christina C. Breault	
Culvert Permit No.	Culvert Waiver	Contractor's License Number		Applicant/Owner/Contractor
EXISTING	11-319-N	BK	TC	Y
Driveway Connection	Septic Tank Number	LU & Zoning checked by	Approved for Issuance	New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

MH PLACEMENT IS OUT OF FLOOD ZONE

AFFIDAVIT ON FILE Check # or Cash 1355

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

Temporary Power _____ date/app. by Foundation _____ date/app. by Monolithic _____ date/app. by

Under slab rough-in plumbing _____ date/app. by Slab _____ date/app. by Sheathing/Nailing _____ date/app. by

Framing _____ date/app. by Insulation _____ date/app. by

Rough-in plumbing above slab and below wood floor _____ date/app. by Electrical rough-in _____ date/app. by

Heat & Air Duct _____ date/app. by Peri. beam (Lintel) _____ date/app. by Pool _____ date/app. by

Permanent power _____ date/app. by C.O. Final _____ date/app. by Culvert _____ date/app. by

Pump pole _____ date/app. by Utility Pole _____ date/app. by M/H tie downs, blocking, electricity and plumbing _____ date/app. by

Reconnection _____ date/app. by RV _____ date/app. by Re-roof _____ date/app. by

BUILDING PERMIT FEE $ 0.00 CERTIFICATION FEE $ 0.00 SURCHARGE FEE $ 0.00

MISC. FEES $ 250.00 ZONING CERT. FEE $ 50.00 FIRE FEE $ 19.26 WASTE FEE $ 50.25

FLOOD DEVELOPMENT FEE $ ____ FLOOD ZONE FEE $ 25.00 CULVERT FEE $ ____ **TOTAL FEE** 394.51

INSPECTORS OFFICE _____ CLERKS OFFICE _____

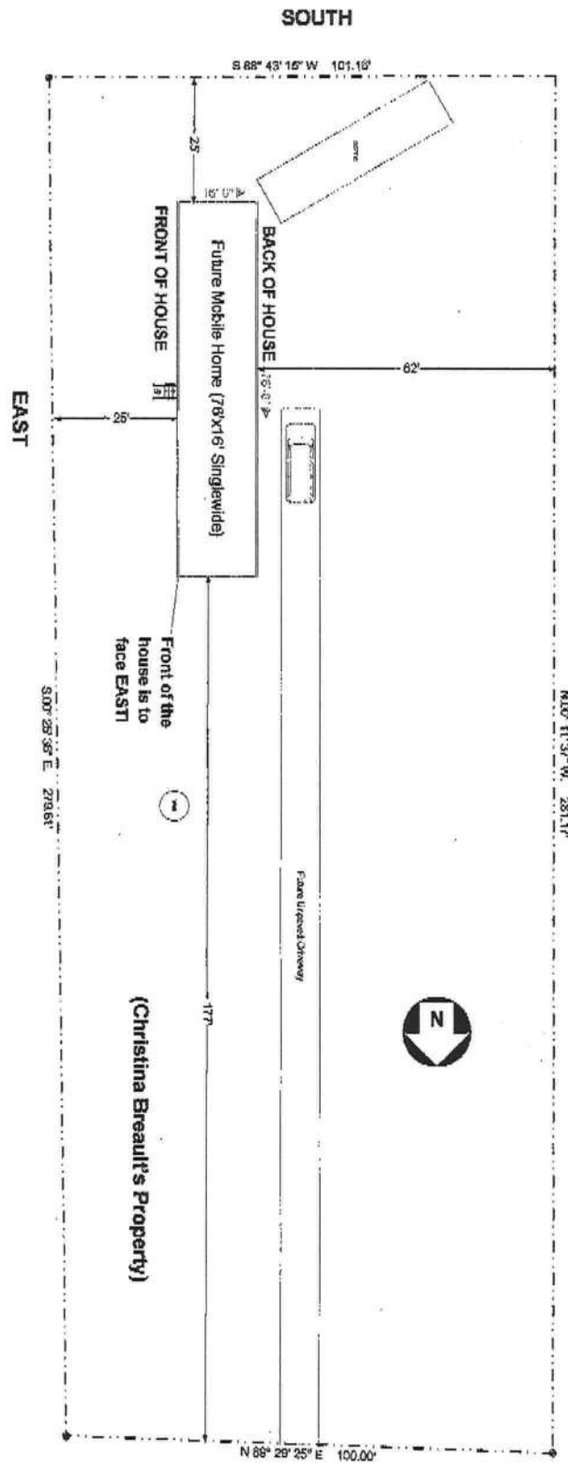
NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.

SITE PLAN FOR & BY CHRISTINA BREAULT



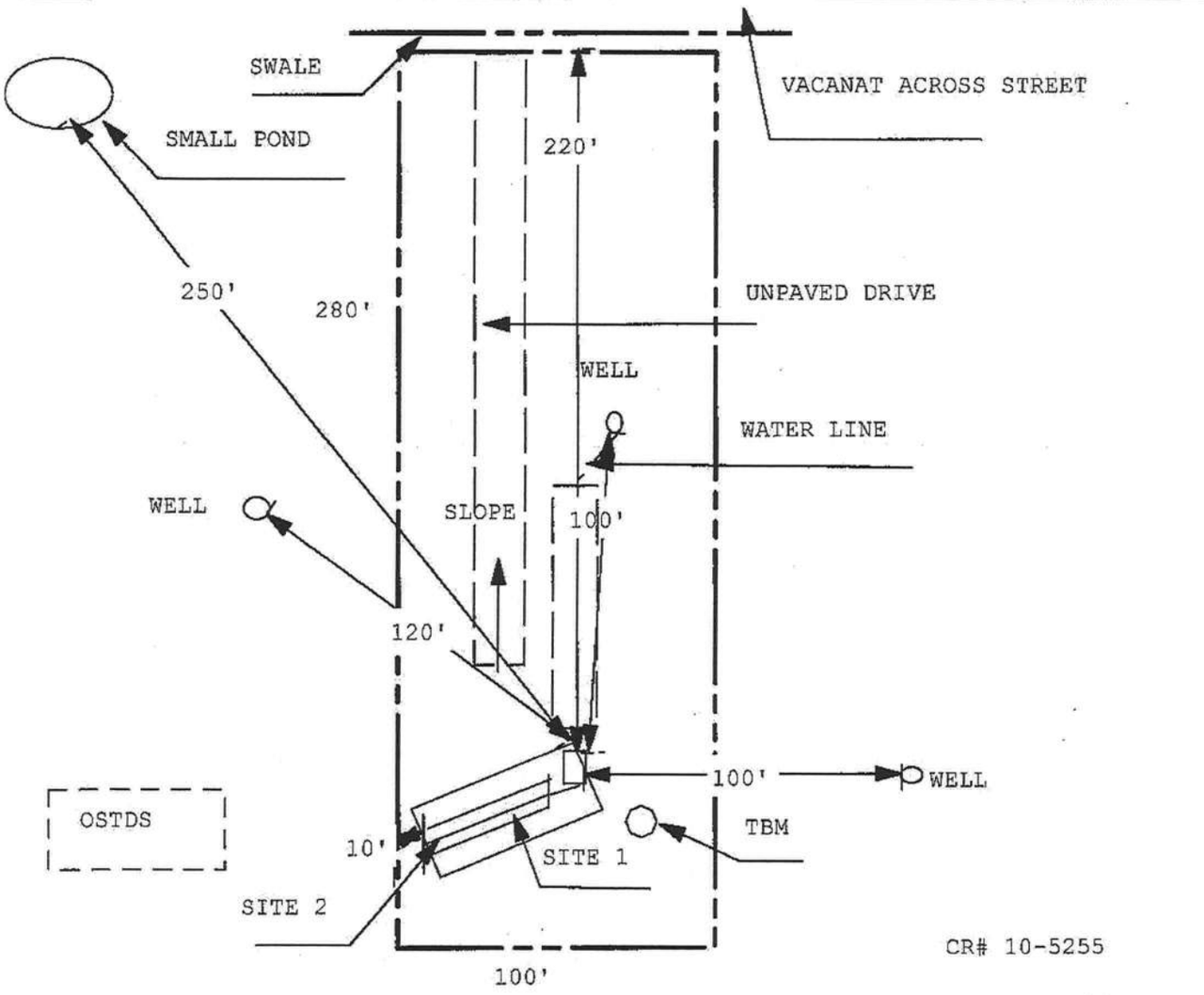
220 SW Turner Place, 32025 (Paved)

NORTH

Application for Onsite Sewage Disposal System Construction Permit. Part II Site Plan

Permit Application Number: 11-319-N

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH UNIT



MASON CITY COMMUNITY CTR. >100' TO WELL

Site Plan Submitted By Rick Lloyd Date 7/25/11

Plan Approved ✓ Not Approved ___ Date 7-25-11

By Sallie Ford EnvHealth Columbia CHD CPHU

Notes: _____